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ORIGINAL ARTICLE.

Few Remarks Relative to Left Inguinal Colotomy.

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Read before the Missouri State Medical Association, May, 1895.

Until recent years a colotomy was seldom made. This operation was considered both difficult and dangerous; so much so that surgeons believed they were justified in resorting to it only in extreme cases of obstruction where all other remedies had been previously tried, and where the abdomen was so distended that it was almost ready to burst. They not only feared the immediate results of the operation, but the sequelæ which so often followed it. For in former years the operation was done very differently from what it is today, and patients who were so unfortunate as to have an artificial anus found themselves in a most deplorable condition, because of the frequent and uncontrollable discharge of the feces through the opening. Their clothing was almost constantly being soiled, while they were kept in a state of anxiety. On the other hand, the relief that followed the operation was not nearly so marked as it is today. Another annoyance and drawback to the operation, as formerly done, was that the opening was located high up in the left lumbar region, and so far back that these patients were unable to dress themselves when an action occurred, and required the almost constant attention of an assistant. The lumbar operation was very popular until recent years, because of the fact that the colon could be reached, brought up and an artificial anus established without the necessity of opening the peritoneal cavity, an important fact indeed. What great changes have taken place in the manner of making colotomies since we have demonstrated the fact that there is comparatively little danger in opening up the peritoneal cavity, when it is done properly. While formerly the lumbar operation was the universal favorite, today it is rarely performed, and the left inguinal operation has taken its place and will ever, I think, become more popular. I do not wish to convey the idea that the lumbar operation should not be performed, for I know there are certain isolated cases where it is preferable to the inguinal method.

The inguinal operation has come to stay, and it certainly has many advantages over the older operation, and the surgeons in this country, Great Britain and on the continent give preference to it with few exceptions. Mr. Herbert Allingham has ever been the champion of the inguinal operation, and has done more to point out its advantages and make it popular than any other one man. In fact, this operation is so simple, can be performed so quickly, is rarely fatal, is followed so seldom by annoying complications and sequelæ that it readily commends itself to the surgeon, and today is performed almost daily in all our large hospitals, not only for obstructions, but other conditions. As a result, many sufferers who, in former years would have been allowed to linger month after month, suffering from incessant diarrhea, pain, straining and hemorrhage, until death finally relieved them of their terrible suffering, are today offered immediate relief and a new lease on life. Not only

do these patients receive great relief, but they are not annoyed as formerly by the constant discharge of the feces. Again, the artificial opening being situated in the left groin, the patient can with the least possible amount of trouble take care of himself. The bowels move in the morning, he irrigates the rectum, adjusts his truss or bandage, and is ready for his daily work. With the opening so situated we have complete command of the disease, and if a proper spur has been made, it will be impossible for any of the feces to pass into the rectum and over the diseased bowel. Medicated solutions can be passed in at the artificial opening and out at the anus, or vice versa, and the parts kept perfectly clean. Just here I wish to enter a protest against any uncalled for prejudice to the operation of colotomy that exists, not only in the minds of the laity, but of many physicians, to the effect that a patient who has an artificial anus is always a most miserable person. I have time and time again heard physicians remark that a patient was much better off dead than living with an opening in the side. One does not realize the harm that may arise from such a prejudice until it has been communicated to some patient suffering from cancer, stricture, or severe form of ulceration, whose only chance of comfort or long life depends absolutely on this operation. I am speaking now, of course, of bad cases, for none of us, I think, would even propose a colotomy until all other measures had failed. Patients suffering from any one of the above conditions never have a moment's peace from constant pain, frequent stools and hemorrhages.

When a stricture is present that is sufficiently marked to produce a mechanical obstruction the feces will collect above the point of obstruction, produce ulceration; as a result, undue peristalsis is excited, causing frequent stools; the liquid feces are readily discharged, while the solid portions remain and become hard and irregular in shape. At frequent intervals this mass presses down upon the stricture, producing the sensation felt before stool, the sufferer goes to the closet and endeavors, by continual straining, to empty the bowels, but is unable to do so. The mass acts as a valve, rises and falls, each time exciting renewed peristalsis, which extends upward along the entire intestinal canal. As a result of this unnatural condition, these sufferers spend most of their time in the closet straining, but ever feeling that the bowel had not been completely emptied. In addition to the constant straining, they suffer the most intense pain, not only about the rectal region as the result of ulceration, fistula, etc., but reflected pains in the abdomen, back and down the limbs. Some of these patients also suffer from frightful hemorrhages, fistula, abscess, etc. Now look at the above picture and tell me, is it humane for us, as surgeons, to let such a person go on suffering day by day and year by year, when in twenty minutes we could give them permanent relief? I emphatically say, no, and that it is high time that we, as modern surgeons, should do everything in our power to put down this uncalled-for prejudice, which is founded upon inveterate habit and ingrained ignorance. Only a few months ago a very intelligent and influential gentleman was referred to me for treatment. He was suffering from a stricture three and a half inches above the anus. There was extensive ulceration both above and below it, and when I withdrew my finger from the rectum it was covered with pus, blood and broken down tissue. On palpation I found the upper portion of the rectum, the sigmoid and the colon were dilated and filled with impacted feces. I saw at once that a colotomy was the only thing that would afford him any permanent relief and prevent obstruction. I so in formed him and started to explain the steps in the operation and the relief that would certainly follow the same, when he interrupted me and said that it was unnecessary to make any further explanations concerning the operation named, as he would never consent to have it performed. I asked him why, and he replied that his family physician had advised him to submit to any operation that I might suggest barring colotomy. I tried to convince him that he was making a mistake, but it did no

good. He returned home, and two months later died from obstruction. Had I the time I could enumerate other cases equally as sad. There is not a question in my mind that the prejudice introduced into the mind of this patient by his family physician, in whom he had the utmost confidence, cost him his life. The stricture was of syphilitic origin, and if he had consented to have an artificial anus established he would undoubtedly have lived fifteen or twenty years longer, for he was only 33 years of age.

In cancer of the rectum we do not anticipate a cure by the operation, we only hope for an extension of life by relieving the most distressing and urgent symptoms. Cases of non-malignant stricture, and tubercular, syphilitic or dysenteric ulceration which refused to heal after the usual treatment has failed, such as curetting, incising, and the application of caustic and astringent medicines, can only be relieved by colotomy. Mr. Herbert Allingham also makes a colotomy in cases of very extensive prolapsus of the rectum, accompanied by ulceration, after he has tried linear cauterization, resections and the usual methods for alleviating this annoying condition. He pulls the excess of gut up through the abdominal incision, removes it and establishes the artificial anus and his results thus far have been very gratifying.

Now, in conclusion, I wish to state that after having made a large number of colotomies for both malignant and non-malignant disease, that in my practice I have not found the slightest grounds for this prejudice. But, to the contrary, both my patients and myself have in every instance been highly pleased with the results obtained. It does not prevent a gentleman from attending to his usual duties, or a housewife from hers, or from wearing a corset, nor does it prevent her from attending a theater or dancing parties.

RICHARDSON says that fear is one of the most determinate causes of death from chloroform.

An Antidote for Poison Ivy.

American Druggist.

An anonymous correspondent of the New York *Sun* writes that an antidote for ivy poison is the plant called by some people "ceroline," by others the "silver plant." It grows by the side of brooks about two feet high; the stalks are green and bear a yellow blossom, with a red tinge, shaped like the lady's slipper. The test of the plant is to place a leaf under water, when it assumes a silvery look. The stalks can be crushed and the juice rubbed upon the poison surface and immediately relief will follow, or tea can be made from it with which the surface can be bathed. He has used this for years in a family particularly sensitive to this poison, and has given it to many cases, and it never fails.

The plant referred to is the Impatiens fulva, a species most common in wet grounds in the South. It has small, orange, spotted flowers, and is best known under such names as "touch-me-not," "jewel weed," or balsam," or "silver leaf." The name of the genus is derived from the sudden bursting of the seed pods when touched or slightly pressed with the hands. As the pods ripen they burst, scattering the seeds to a considerable distance. Our common garden balsam, I. balsamini, is a closely related species, and the seed pods are equally sensitive to the touch.

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Topeka, Kansas, Saturday, Nov. 16, 1895.

Castration for Rape.

The crime of rape does not seem to be much abated even by the severest and most revolting punishment. In a very short space of time two rapists have been burned at the stake in Texas. Nevertheless the crime is frequently repeated. Criminologists have claimed that the death penalty had no effect upon the existenee of this crime. The spirit of revenge leads the populace to most excessive and brutal means for the punishment of these criminals, and instead of promoting the public peace and preserving the respect for law and order, the people are demoralized and the criminals encouraged. We have frequently advocated castration as a punisment for this crime. It has many points to recommend it; one of the most prominent is the disability for a repetition of the crime, and another equally as important, the prevention of a new generation of criminals. Such a punishment will not satisfy the friends of an unfortunate victim of rape, it will not satisfy the clamor of the public for revenge, but it will prevent the crime.

Criminals, as a rule, are fatalists and believe that they will not die till their time comes and then they will have to die and no act of theirs can change their fate. Such men have no respect for laws inflicting a death penalty, but to suffer the loss of that which they consider the most important element of manhood is a punishment worse than death.

The rapist who, blinded by a passion over which he has no control, commits an assault, is unquestionably guilty of a revolting crime, but by destroying his passion there is a possibility of making a respectable citizen.

It is a public right to demand the extinction of an individual who has shown himself to be a source of public danger, but it is a public duty and an individual right, if the dangerous element can be eliminated, to preserve his life.

What Is It?

The western world is greatly agitated over the advent in Denver of a second Jesus, a man who seems to purposely imitate in appearance and action the Christ of the Scriptures. This man, it is claimed, asks no fees for his cures and gives no medicine, but cures by faith. Great claims are made for the results of his work. Many cripples and invalids claim to have been completely healed simply by this man's blessing.

Those only can judge who have had the opportunity to investigate, and from them we have so far heard but little. The mental influence that this man must have gained from the widespread announcement of his wonders cuts no small figure in his accomplishments. The effect or the influence of the mind in disease has never been studied with sufficient definiteness, and there are

doubtless many wonders in this direction which may yet come to light. The study of hypnotism has led many of the more credulous to believe that in it lies the secret of mind cure. That such a man as Schlatter has succeeded in creating such a panic, either proves that there is at least some importance in the mental influence over physical ills, or that the resident population of Denver is a most superstitious and gullible people.

That some of these people really believe they have been cured of their ailments and have convinced others of the fact there can be no doubt. The question then arising is, was there any physical ailment, or if there was, has the person been hypnotized to such an extent that he does not feel his condition? There is no report upon the class of patients who have been cured, but it is claimed that all afflictions are treated the same and all are alike cured.

We naturally doubt all these things because they seem supernatural and unreasonable, yet this thing has been repeated time and time again since the time of Christ, and the adventurer never fails to find a following. If it is a gigantic fraud, which seems the most natural conclusion, it strikes us that it would be wise and provident for the authorities of the State of Colorado to investigate carefully and make public their finding. But should it develop that there is some magic power about this man which enables him by a touch of the hand to restore the sight and heal the sick, then the discovery of the nature and source of that power would be the greatest stride that science has ever made.

It cannot be said that he can do no harm, for if he does not possess the power claimed for him he demoralizes the people and leads many invalids by neglect of proper care and treatment to sacrifice their lives to a superstitious fad.

IN the treatment of incipient phthisis the tr. nux vomica given in from 20 to 30-drop doses before eating, thrice daily, will give brilliant results.

Diphtheria Classified.

Dr. Jaques, of Chicago, in a paper recently published in the *Recorder* has made a classification of diphtheria which we think should receive careful consideration. The variety of conditions found and the diversity of opinion as to the results of different plans of treatment, point to the facts which Dr. Jaques has suggested, *i. e.*, that there are different varieties of the disease, and that different etiological factors are involved. We make a few extracts from his paper:

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Diphtheria differs according to the germ producing it; therefore, a more accurate nomenclature is desirable. It is of great importance in describing a disease that one should know by what germ it is produced. The terms "mild" and "malignant" are indefinite as well as inaccurate. The disease produced by the staphylococcus in the larynx may be more fatal than that in the tonsils by the Klebs–Loeffler bacillus.

Pseudo-diphtheria is not a well chosen term. All diphtheritic membrane is necrosed mucous membrane and is produced by the toxic effects of the invading germ or germs. Whether the poison will do more than destroy the tissues locally, will depend on the invading germ, the location of the invasion, and the conditions under which it occurs. The variability of the Klebs-Loeffler bacillus also makes it confusing, sometimes producing a disease of the mildest type, and again of the most malignant. While the term "cancer" may be all sufficient for the general public, the medical profession find it necessary to further describe this form of disease by the words sarcoma, epithelioma, and carcinoma. In reading a description of diphtheria, one is always in doubt as to what kind of diphtheria it is unless it is stated that a culture was made and names given of the germs found. The writer has found it convenient and satisfactory in describing diphtheria to prefix the name of the invading germ, as Klebs-Loeffler diphtheria, staphylo-diphtheria, strepto-diphtheria, long-bacilli-diphtheria,

and multi-germ-diphtheria. The latter term indicates mixed infection, or many germs, the principal germ boing the Klebs–Loeffler bacillus.

In making a diagnosis of diphtheria, one should have both clinical as well as bacteriological evidence. The presence of the Klebs–Loffler bacilli, or the other germs producing diphtheritic membrane alone, is not sufficient evidence. These germs are often present in the mouths and throats of perfectly healthy individuals. It is only when these germs produce a lesion that the disease may be pronounced diphtheria. Ordinarily the streptococcus and the staphylococcus do not produce a membrane, except under favorable conditions, and then it presents, clinically, the same aspects as diphtheria produced by the Klebs–Loeffler bacillus. The first two germs also produce a ptomaine, but of such mild nature that outside of causing febrile symptoms, it does not affect the economy. The entire mortality in these forms of the disease is confined to the inflammatory conditions which produce stenosis of the larynx.

The virulence of the Klebs–Loeffler bacillus varies to a remarkable extent. In laboratories it has been found that diphtheritic bouillon flasks will change their virulence in forty-eight hours, sometimes having great strength, again being weak. Aronson, by supplying favorable couditions, has been able to increase the virulence of the Klebs-Loeffler bacillus to a degree two hundred times greater than is found in the most malignant cases of human diphtheria. The Klebs–Loeffler bacillus is aerobic, and one of the most important conditions for producing diphtheria ptomaine is air. The common laboratory method of producing the ptomaine is as follows: A flask of bouillon is inoculated, kept at proper temperature, and the contents exposed to a current of air which passes constantly through the flask.

Inoculated with the Klebs–Loeffler bacillus, it can readily be seen that laryngeal mucous membrane presents the most perfect conditions for the rapid production of ptomaine. Shut in beyond the reach of medication, with air constantly passing over the surface, and a temperature most suitable for the rapid development of the bacilli, the result must be the rapid production of ptomaine. When an invasion takes place, the products of bacterial life produce a ptomaine which destroys the tissues at the point of invasion and forms diphtheritic membrane. The poison from this membrane, attached as it is to living tissue, is absorbed and carried by the blood to all parts of the system.

Nature attempts to cut off the absorption by the process of inflammation; the success of her efforts depends upon the state of the tissues and the location of the disease. The conditions for the tissues swelling and the prevention of the absorption of the poison is much better above the vocal chords than below them. In the trachea and bronchi the structure is such that absorption takes place rapidly. The action on unimmunized living tissues of diphtheria ptomaine is destructive, the degree of injury depending on the concentration of the poison and the structure of the part affected. At the point of invasion it causes necrosis; in the kidneys, congestion of the tubules; in the blood, destruction of the corpuscles; in the nerves, degeneration; and in the vital centers, paralysis or degeneration. The vital centers being the most delicate, they are the quickest to be destroyed in the majority of cases.

The ability of the nerve cells to withstand the action of ptomaine depends upon the manner in which it is brought in contact with them. The sudden advent of a small amount of diphtheria toxin at the beginning of the disease is more likely to overcome the vital centers than a much greater amount which is introduced into the system gradually. If the advent of the poison is sudden and in large quantities, the vital centers are paralyzed and death results quickly. In smaller amounts, the poison institutes a process of degeneration which may not succeed in destroying the cell function for days or weeks.

The amount of poison it takes to produce death depends upon the size of the victim, the rapidity of ptomaine production and ab-

sorption, the powers of elimination, as well as the susceptibility of the patient to the poison. In the adult, the invasion is slow; there is a large body to be impressed, the structure of the kidney is stronger, as well as that of the nerve cells. This gives time for the reaction and antitoxin to be produced and the disease overcome.

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While Klebs-Loeffler diphtheria is most fatal in children, there are thousands of adults who have the disease, and the conditions are such that the invasion does not become great. They do not consult a physician or cease from their occupation; yet these same germs may be transmitted to favorable conditions and cause a malignant form of the disease. These persons not being aware of the nature of their throat inflammation, spread the infection.

. . . . . .

The variation of the Klebs-Loeffler bacilli, both in size, shape and ptomaine producing qualities is remarkable. The malignant character of the bacillus is indicated by its shape and the growth of the colonies.

Rapidly growing cultures of small dumbbell shape bacilli are very malignant. These in company with streptococci and staphylococci produce the most fatal form of diphtheria. The bacillus varies from a small size to several times its length and thickness. Eminent bacteriologists think the long bacilli are the short ones changed in their morphology by the conditions under which they live.

The variability of the Klebs-Loeffler bacillus may be better understood if viewed as a vegetable germ, partaking of the qualities of vegetable life which is dependent upon environment. Science has not yet determined just what constitutes the proper conditions to render the germs benign or deadly; certain it is that the conditions influencing size are different from those which cause rapid division and malignancy.

In primary laryngeal diphtheria, hoarseness and symptoms of obstruction of the larynx are usually the first indication of the disease. At this stage, I order sublimation of calomel, 20 grains of the drug sublimed under a sheet tent every two hours. If the patient has been exposed to the disease and there are strong indications that it is Klebs-Loeffler diphtheria, antitoxin is at once injected. If infection cannot be traced, I take a culture of the fauces, order calomel fumigation, correct nutrition, secretions and eliminations and wait for indications given by the slide.

I am aware that some physicians advise injection of antitoxin at once. Upon this point I hold a different opinion, having seen serious effects follow injection of even immunizing doses of what was supposed to be a superior quality of serum. It is a powerful remedy requiring knowledge and skill in its production and should not be used indiscriminately. When disease is proven bacteriologically to be multo-diphtheria or Klebs-Loeffler diphtheria, then antitoxin should be used. If the disease can be reached locally, then remedies should be selected with direct reference to the germs present. For example: chlorinated soda quickly destroys staphylococcus; hydrogen dioxide, or tuol mixture, destroys Klebs-Loeffler bacilli; and bichloride, or tuol mixture, staphylococcus.

The presence of stenosis indicates operative measures. In the first place, there is a complication to deal with; when stenosis is relieved, the battle will still go on between the vital forces and their enemies. If stenosis occurs when the disease is diminishing, or if antitoxin can be used before a fatal amount of ptomaine is absorbed, relieving stenosis will result in recovery. If stenosis is caused by staphylo- or strepto-diphtheria its relief will result in recovery. On the other hand, a small amount of Klebs-Loeffler membrane in this location will produce fatal results.

In deciding as to whether tracheotomy or intubation is best suited for a case of stenosis, reference should be made to the bacteriological appearance of the slide. Cases for intubation are as follows:

Strepto- and staphlo-diphtheria.

Diphtheria produced by the long bacilli.

Those cases in which early diagnosis has permitted the use of antitoxin.

All cases under two years.

All cases in which tracheotomy is not permitted.

In Klebs-Loeffler and multo-diphtheria, especially when stenosis is secondary, tracheotomy is the best operation. The insertion of a tube under these circumstances, when the mucus is swarming with germs, carries them down into the trachea thus increasing the infected area. In tracheotomy the tube is inserted below the membrane and production of ptomaine is slower. This is important when staying the disease a few hours may turn the case toward recovery.

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630	Fever (Dr. T. G. Davis).
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On the Use of Large Sub-Conjunctival Injections.

Buffalo Medical Journal.

Dr. De Wecker, of Paris (*Annales d'Oculistique*, English edition, June, 1895,) has returned to large sub-conjunctival injections and employs sublimate in solution of 1-2000. The therapeutic result has been so conclusive, as compared with that of weak injections, that doubt as to their rapid efficiency has not been tenable, either for him or for his pupils, who have carefully followed his work, and who have witnessed their surprising effects in a number of patients.

He ordinarily injects half a Pravaz syringeful, using the following formula:

Sublimate..... 0.15 gme.
Salicylate of eserin..... 0.05 gme.
Sterilized distilled water...30.00 gmes.

The myotic is only replaced by atropine or scopolamine when the case is complicated with iritis, and the combination of the sublimate solution with a myotic has seemed to produce a more favorable action than the simple sublimate solution.

The injections are first performed daily, during from one to three days after preparatory disinfection of the lashes with a 1 per cent. solution of oxycyanide of mercury and and irrigation of the conjunctiva with a 4 per cent. boric acid solution. In antiseptic occlusion, bandage for the eye completes the treatment. The intervals for the injections and the amount of fluid injected are regulated according to the improvement. Even in very advanced cases of suppuration of the cornea with hypopyon, only six or eight injections are necessary to obtain recovery with clearing up of the diseased portions.

In using, exclusively, solutions of 1-2000 he claims to have never seen mortification of a portion of the conjunctiva, severe pains or edema of one or the other lid, accidents described by his colleagues as "almost constant." Far from that, the injections have seemed to be scarcely painful, if the eye was well cocainized; they have an undoubted calming action. Patients with large ulcer-

ations of the cornea have recovered sleep, of which they had been deprived from the commencement of their disease, and almost all spoke of the great relief produced by the injections.

Occlusion of the eyes and large sub-conjunctival injections have been the only method of treatment employed in a large majority of destructive affections of the cornea and, therefore, to them alone can the curative power be attributed. It is of slight importance whether this is due to antisepsis or to acceleration of lymph current in the cornea, or, finally, to the circulatory modifications which occur, all influences whose quantitative action it will never be possible to verify.

Treatment of Furunculosis.

The Times and Register.

The nature of the soil of the locality is a prominent faction in the etiology of this affection. If, as a general thing, furuncles are single it is not rare to meet with cases were they occur in series. To this individual predisposition are added infections by propagation of the staphylococcus in the parts surrounding the boil, besides the local trouble due to pain and swellings, there may as a result occur digestive difficulties. Therefore, general treatment should be instituted as soon as possible.

1. Internal treatment:

Tar water as a drink. Cachets containing

Sulphur.....10 cgms
Camphor..... 2 cgms

Three of these are given during the day.

2. External treatment, early touching or painting of the boil with tr. iodine. In opening, if necessary, and after removal of the contents or core, the cavity is to be filled with apacte of sulphur, camphor and glycerine, and the same applied on linen over all the eruption. This treatment usually brings about a rapid improvement. The presence or absence of sugar in the urine should always be determined.

Treatment of Typhoid Fever by Guaiacol.

A. P. Hull, M.D., in Therapoutic Gazette.

He treats typhoid fever with guaiacol internally and externally, and occasionally 1-10 gr. calomel three or four times daily until slight purgation occurs, washing out the bowel with large douches of warm soapy water, or if the fever is high, cool water. Guaiacol is given in ½ to 1½ drop doses every two hours, according to the tolerance of the patient for the drug.

The temperature was controlled by the external application of guaiacol and cold sponging. The external application of guaiacol will lower the temperature in about thirty minutes, and is preferable to the cold bath, as it is equally efficacious and can be applied where the latter is not practicable. The effects will last from three to four hours, but the amount should be small at first (from 5 to 10 drops), and gradually increased, as it is liable to give the patient a chill. The largest dose used at any one time was 20 drops. As in the case of any other drug, one person may require more than another, but patients become susceptible to its influence and the effects are greater with each application.

Outside of the chills which occurred with the larger applications, I observed no deleterious effects from its use. The chills can be avoided by a careful application of the drug, the temperature not being reduced below 100° F. The drug was applied over the abdomen, which was first washed with soap and water, and dried. The guaiacol was then slowly dropped on the parts, carefully rubbed in, and covered with oiled silk.

The shortest duration of any one of the 19 cases treated was 14 days, the longest 24, and the average between 19 and 20 days.

That typhoid fever is caused by a specific germ—the bacillus typhosus—is now admitted, though their presence is sometimes hard to prove. The activity and life of this bacillus end at the latter part of the second week from the initial symptoms of the disease; but about this time the necrotic and

sloughing process of the mucous membrane and Peyer's glands takes place, leaving what is equivalent to an open wound in the intestinal tract.

From this time on the symptoms are kept up by putrefactive bacteria, especially the bacillus coli communis, which becomes virulent during the latter stages of the disease.

We cannot put each one of the open wounds in an aseptic condition as the surgeon would do, but we can, I think, make the intestinal tract less habitable for microorganisms, and the clinical history of these cases seems to me to prove the antifermentative action of the guaiacol and other antiseptics in the intestines.

The phenol group undoubtedly occupy the first rank as germ destroyers and germ poison neutralizers outside of the body, and during absorption, as they are never found free in the blood, and combine with albuminous substances, especially with the most reactive of these, the toxic albumins, the products of microbic life, forming compounds, probably non-toxic. They undergo rapid oxidation in the system, and can be found in the urine. They, therefore, would not only destroy the disease germ in the intestinal tract, but would affect a rapid elimination of the toxic albumins from the system.

From my observations in these cases the following conclusions seem justified:

1. That the antiseptic treatment of typhoid fever is a rational treatment.

2. That guaiacol is a safe remedy in typhoid fever, and prevents the toxin poisoning of the later stages due to the bacillus coli communis and other putrefactive germs in the intestine.

3. That guaiacol will lower the temperature in typhoid fever, when applied externally, and, with ordinary care, can be used with safety.

4. That typhoid patients do better by keeping the bowels acting up to a certain point, rather than checking them, and will derive comfort and benefit from daily douching of the large intestine with warm or cool water.

Morphinism in Children.

Pediatrics.

Dr. J. B. Mattison, of Brooklyn, read a paper on this subject in which he stated that although the literature of this subject was extremely scanty, he believed that the condition was not very uncommon in children. Among the illustrative cases was the following remarkable one:

A baby of seven months when first seen presented the shriveled and wrinkled appearance of an old man, and attracted one's attention by its peculiar, solemn manner. It was learned that the child had been perfect at birth, and had thrived up to the age of four months, when in order to quiet it when fretful it was given paregoric. It very soon became necessary to give laudanum, and also to increase the dose, so that when first seen by the physician it weighed only seven pounds, was shockingly emaciated, and extremely weak. It was taking at this time no less than one ounce of laudanum daily. The laudanum was reduced one drop at each dose, and at the end of one month the child had become plump and well again.

The speaker said that there were those in the profession who insisted that the chief factor in the causation of morphinism was moral obliquity, but cases like those just cited were in themselves sufficient to show that this theory was wholly untenable. In his experience children showed a very strong tendency to become victims of morphinism. The consequences of this habit in the young were speedy decline and death, if not promptly treated; but if there were no structural lesion, and nutrition had not been too greatly impaired before coming under treatment, every case could be cured by judicious management. It was, in his opinion, monstrous to think of withdrawing the morphine abruptly in adults, and certainly it should not be thought of in children. The gradual withdrawal of the drug together with general tonic measures constitute the whole treatment.

His reason for thinking that morphinism

was much more common in children than the literature would seem to indicate, was the extensive and reckless use of many nostrums for children, nearly all of which contained opium in some form. If the physician would instruct mothers regarding the great risks incurred in using all such preparations for their children, and at the same time the sale of these nostrums were under national or State control, much would be accomplished in the way of mitigating this terrible evil.

WANTED—A young physician who can register as a pharmacist to go to a thriving southwestern town. Good salary and steady position to right man. Address E. T. O., care KANSAS MEDICAL JOURNAL.

Diphtheritic Paralysis.

North American Practitioner.

Dr. Goodall's paper on this subject (*Brain*, parts lxx and lxxi, 1895,) is one of great value, inasmuch as the conditions for observation were exceptional and appear to have been made the most of. He is medical superintendent of the Eastern Hospital, Homerton, and the paper is based on a study of 1,071 cases of primary diphtheria, admitted consecutively into the hospital in 1892 and 1893. Out of this number there were 125 instances of paralysis; if, however, 362 cases are rejected, in which death occurred before the patient had time to become paralytic, then the incidence of paralysis was increased from 11.6 to 17.6 per cent.

Current statements regarding the relation between the age of the patient and liability to paralysis are not confirmed by this series of cases, for of the cases under 10 years of age 22 per cent. became paralysed; from 10 to 20 years of age 15.1 per cent., and above 20 years of age, 3.7 per cent.

Seven days was the earliest and forty-nine days the latest period in which the paralysis made its appearance, reckoning from the commencement of the diphtheria. In 2 per cent. the paralysis developed the seventh day; in 22 per cent. during the second week; in 28 per cent. during the third week; in 22 per cent. during the fourth week; in 15 per cent. during the fifth week; in 8 per cent. during the sixth week, and in 4 per cent. during the seventh week. In 11.9 per cent. the exudation had not disappeared when the paralysis first supervened.

In 66.4 per cent. of the cases the palate alone was the first part to be affected, while either alone or in combination with other muscles it is the first part to suffer in 74.4 per cent. of the cases. In about 15 per cent. the ciliary muscles were the first affected. In 2 cases the respiratory muscles were first affected, and in other cases various groups of muscles were combined.

In 28 cases the paralysis remained limited to the palate; in 17 cases to the ciliary muscle, and in 11 cases to these two groups of muscles combined. In 16 cases the paralysis was generalised.

In 102 cases the palate was paralyzed, in 56 the ciliary muscles; in 52 the lower extremities; in 26 one or more of the external ocular muscles; in 21 the upper extremities, and in 11 the muscles of the larynx.

In 10 cases there was paralysis of the diaphragm, 4 of these cases were fatal.

In none of the cases was there facial paralysis, paralysis of the tongue or sphincters of the bladder or rectum.

In 29 cases rapidity and irregularity of the breathing was noted; but this is often noted in cases without paralysis.

In 4 cases, 2 of which were fatal, alteration in the respiratory rythm was noted. Sensory disturbances as "pins and needles," and partial loss of ordinary sensation are not infrequently observed.

Of the 17 fatal cases 6 were due to cardiac failure; 4 to respiratory paralysis; 2 to persistent vomiting and cardiac failure, and 1 to convulsions. In the remaining 4 cases death was due to diphtheria.

Fifteen of the 17 deaths were in patients under 10 years of age.

In 90 per cent. of the cases there was albumen in the urine, lasting from a few days

to 13 weeks. In 36 cases the paralysis lasted from 6 to 8 weeks, in 6 cases less than 1 week, and in 1 case 15 weeks. In none of the cases was any permanent paralysis left behind.

While paralysis may follow mild cases, judged from the amount of exudation on the fauces, and the albuminuria, there is a direct relation between the severity of the diphtheria and the liability to subsequent paralysis.

The Treatment of Cicatrices by Pressure and Friction.

David Wark, M.D., in National Board of Health Magazine.

When scars are situated on exposed parts of the body they are very unsightly and when of large size are often productive of much deformity because of the strong tendency of cicatricial tissue to contract powerfully for many months after the healing process has been completed.

By means of friction and pressure persistently conducted, as here directed, the red shining surfaces of scars may be made to resemble the texture of the surrounding skin. When portions of the scar project above the surface these may be smoothed down, and in extensive cicatrices when tendinous bands connect the scar with underlying muscles or even with the periosteum, they can be absorbed and the natural mobility of the parts restored, moreover, the contractile tendency of extensive cicatrices may be successfully resisted and when deformity has already occurred because of such contraction, it can always, at least measurably often, be quite removed by the same apparent simple means.

The treatment should be conducted as follows: If the scar be a small one, place the ends of two or three fingers on it, the hand being at an angle of thirty degrees with the surface, press firmly and vibrate the surface on the tissues beneath. The surface of the scar itself must not be subject to any friction; all the motion must be between the integument and the deeper tissues.

The location of the vibratile motions and pressures should be changed every ten or fifteen seconds until the whole scar has been treated, if it be of moderate size; but if the cicatrix be large the margins only should be subjected to treatment at first; advances toward the center must be deferred until the nutrition of the margins has been decidedly improved.

Only a little treatment should be applied to any one spot at the same time, but the pressures and vibrations should be repeated ten to fifteen times every day provided that pain and tenderness are not produced; when these are developed treatment must be suspended until they subside.

In the course of two or three weeks of such treatment the surface of scars of moderate size become more mobile and will begin to form wrinkles like true skin when pressed from side to side.

The tenderness usually present will gradually subside and the natural tactile sensibility will be at least measurably restored.

All the changes are due to improved nutrition consequent on better blood circulation aided by the development of entirely new sets of blood vessels in the parts. But no matter how successful this treatment may be in restoring the integument, hair will never grow in cicatricial tissue.

Lœffler's Solution.

℞

Alcohol..... 60 parts.
Toluol ..... 36 parts.
Liq. ferri perchloride, 4 parts.

Swab the affected parts with this every two or four parts.

PROF. EICHHORST has found there is a close relation exlsting between serous pleurisy and tuberculosis. Of a large number of cases only 33 per cent. were living at the end of five years. He demonstrated that bacilli were frequently found in the effusion.

AT the last meeting of the Tri-State Medical Society (of Iowa, Illinois and Missouri) the following officers were elected: President, Dr. Robt. H. Babcock, Chicago; first vice-president, Dr. A. H. Cordier, Kansas City; second vice-president, Dr. W. A. Todd, Chariton, Ia.; treasurer, Dr. C. S. Chase, Waterloo, Ia.; secretary, Dr. G. W. Cale, St. Louis. The next meeting will be held in Chicago the first Tuesday, Wednesday and Thursday in April, 1896.

Treatment of Tuberculosis in Children With Iodoform Injections.

Pediatrics.

Wieland (*Deutsche Zeitsft Chirurg.*, 1895, 41 Band., 378), finds the conservative treatment, with 10 per cent. iodoform injections, of tuberculosis of the soft parts, bones and joints, much more satisfactory in children than in adults; and analyzes in support of this view, the report of the Children's Hospital of Balse for the last five or six years.

He finds that tuberculous abscesses treated in this way healed very often. The method employed was to empty the abscess with an aspirator, then irrigate with a 4 per cent. boracic acid solution, and after the cavity had been well washed out to inject 20 to 50 ccm. of a 10 per cent. iodoform emulsion, either in glycerin or oil or in water, adding a small quantity of gum arabic to hold the iodoform in suspension. As often as the abscess refilled, the operation was repeated.

It is essential to keep the part treated at rest, and to firmly support it with a flannel bandage.

Of twenty-one cases treated in this manner, sixteen, or 80 per cent., were fully cured, four were removed from the hospital by parents before treatment was completed, and one case was a positive failure. In eleven of the sixteen successful cases, one injection sufficed; in one two were necessary, and in four the patient required three injections. Fistulæ at the point of injection occurred four times, and once there was a septic infection of the large abscess.

Twelve cases of joint tuberculosis were treated in this way. Nine, or 75 per cent., were cured and two cases were much improved. Joint cases required from six to thirteen injections given during a period of two to six months.

Four cases had acute nephritis from the iodoform, which, however, speedily disappeared. In one case there was severe iodoform intoxication, but in this case 20 per cent. emulsion was employed.

The One Reliable Specific.

Dr. William Richard Goodfellow, M.R.C.S., Roche, Cornwall, England, L.S.A. (London Hospital, surgeon Roche and St. Anstell United Mines), says:

"I have used in practice the preparation known as succus alteraus, and have much pleasure in bearing testimony to its great value. For diseases having their origin in a syphilitic source, I believe succus alterans to be the one reliable specific, for I may add that invariable success has been met with by me when prescribing the remedy in question, even after the failure of other alteratives, I shall continue to rely on the Succus Alterans in all cases I have indicated herein.

PROF. OSCAR LIEBRICH, of Berlin, seems to be remarkably successful in his treatment of lupus. He is using cantharidate of soda, giving the patient one milligramme three times a week, slowly increasing the dose if no bad symptoms develop. The theory is that the small amount of cantharides stimulates the cells to increased activity, thus throwing off morbific material. He is treating a large number of lupus cases and from reports they all show marked improvement.

DR. M. B. WARD has been elected president of the Topeka Academy of Medicine and Surgery.

A Pharmaceutical Triumph.

There is probably no laxative or cathartic in the materia medica which is more widely known and more generally used, especially as a home remedy, than castor oil.

Its only objection has been its taste. Now, however, even this has been removed, and we have "a pleasant castor oil."

Laxol is pure castor oil sweetened with benzoic sulphinide and flavored with oil of peppermint

By referring to our advertising pages the readers of this journal will learn how they can procure samples and literature without expense.

Laxol is used throughout many of the best hospitals in the East, where it has been known for some time.

Case II.

The Mercer Chemical Co.:

MACON, GA., June 22, 1895.—Gentlemen: It gives me great pleasure to attest the efficacy of your aphrodisiac preparation, Pill Vita. I have tested its merits now in seven cases and have never found it necessary to administer more than two bottles to the most obstinate case. I regard it without a peer for what it is claimed. Yours truly.

R. L. SMITH, M.D.

DR. WITT recommends thuja occidentalis in from six to eight drop doses, a half hour before each meal, for seminal emissions.

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WANTED—To exchange Reference Hand Book, as good as new, for Oculist's Trial Case in good condition. Address this office.

Pepper on Typho-Malarial Fever.

Maryland Medical Journal.

Drake anticipates Woodward in the attempt to establish the existence of a *tertium quid* formed by the blending of typhoid and malarial infection. It seems to be an easy thing to fall into this mistake when one is dealing with typhoid and malarial fevers simultaneously on a large scale. The occurrence of a malarial complication of typhoid and of a typhoid state in malarial fevers is familiar; and it may be possible that the co-existence of the two microbes may so modify the blood and tissues as to influence the toxine and antitoxine developed and the consequent phenomena of the disease, but the accounts furnished by Drake, just as the later and more elaborate descriptions by Woodward, fail to convince that such modifications go far enough to constitute a specific difference which would justify the creation of another species of fever.